



Supervised Visitation Initial Inquiry Form

Return this form to: intakes@echelonservices.org or fax to 877-203-9588

Date of Inquiry: _____

1. Location of Visitations:

City: _____ State: _____ County: _____

2. Name of Person Inquiring About Services: _____

Custodial Parent Non-Custodial Parent Other (Please Specify) _____

3. Are you requesting that anyone else be able to attend visitation? If so, who? (This question is for the non-custodial parent only. Please keep in mind that no one else is allowed at the visit unless the court order says so or unless both parents are in agreement on others attending.)

4. Reason Visitation Needed:

5. Number of Children involved? _____

6. Ages of child(ren): _____

7. Is there a Court Order? Yes No



8. How many visits a week needed? _____ 9. How many hours each visit? _____

10. Any Particular days requested:

11. Requested start date: **(Please note that services may not start on this date and actual start date depends on agency availability):**

12. Custodial Parent/Guardian Name: _____

Relationship to child(ren): _____

Phone Number: _____

Email Address: _____

13. Non-Custodial/Visiting Parent Name: _____

Relationship to child(ren): _____

Phone Number: _____

Email Address: _____

14. Name of Person Responsible for Payment of Fees: _____

15. Will the monitor need to transport the child(ren) to and from visitation? Yes No

15. How did you find out about our agency?
